

Users, markets and psychoactive substances: recent developments (2018-2019)

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Since 1999, the Emerging Trends and New Drugs (TREND) unit of the French Monitoring Centre for Drugs and Drug Addiction (OFDT) has been monitoring emerging trends and phenomena in the field of drugs. It focuses on populations that mostly consume psychoactive substances and is based on qualitative data collected by the network of TREND sites located in eight metropolitan areas (see box p. 8). Systematically putting into perspective, at a local and a national level, the information gathered from different sources ensures the reliability of the phenomena, described here in an inevitably concise manner.

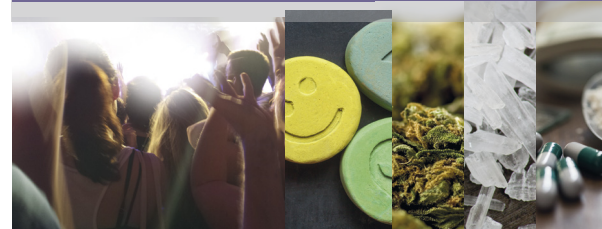
This review first examines the changes in the contexts of consumption and user populations. It mentions the growing deterioration of precarious user situations, changes in the techno party scene and the practice of chemsex in a fringe of the gay community. The second part of this issue focuses on changes in supply in response to demand, and the third part looks at the uses of psychoactive substances (cocaine, ketamine, GHB-GBL, cannabis, nitrous oxide and opioids) that have had major impacts in 2018.

■ Contexts, practices and users

Worsening difficulties in urban areas

Since 1999, the TREND scheme has been documenting the living conditions of drug users in urban areas. In 2017-2018, investigations showed an increase in law enforcement actions against them. In Rennes, Lyon, Lille, Paris and Toulouse, the sites report an intensification of police operations in city centres (increased checks on identity papers, body searches, removal of makeshift shelters), sometimes in the vicinity of the CAARUD harm reduction facilities (support centre for the reduction of drug-related harms). In Lyon and Saint-Denis, the installation of CCTV cameras and dissuasive street furniture has reduced the areas frequented by users. In addition, all TREND sites report squats located in city centres being closed down. As a result, some users take refuge in unsafe housing in suburban or semi-rural areas. Those left behind in the city centre are forced to sleep in unhygienic makeshift shelters (at the mercy of bad weather,

Observations of the TREND scheme and its network of eight sites in metropolitan France



without access to water or electricity), which further worsens their sanitary conditions. The closure of squats also increases the strain on emergency accommodation centres and facilities adapted to accommodate users (which are open 24 hours a day, accept pets and tolerate alcohol consumption). On these points, the observations made by TREND coincide with those of other bodies such as the Samu Social de Paris [a humanitarian emergency service for homeless people and people in social distress].

However, users still congregate in city centres, at least during the day, because treatment facilities, begging areas and supply areas are concentrated there. While cannabis and alcohol consumption are clearly visible, injection happens out of sight, with users taking refuge in public toilet pods, corners of parks or squares, or communal bin areas. In Lyon and Lille, however, observers report regularly seeing injections in public and/or on the metro. In Aulnay-sous-Bois (in the Paris region), an open and active drug scene is gathering drug users injecting in front of passers-by. Likewise, crack cocaine use is clearly visible in certain neighbourhoods and metro stations in the north-east of Paris, which have become places where many users are living in extremely precarious conditions. The quantities of used consumption material (injection paraphernalia and safe inhalation kits for crack) collected by the CAARUD teams and municipal employees in the urban areas of Paris, Seine-Saint-Denis, Lyon and Lille bear witness to this consumption.

Young at-risk users

Young at-risk users (15–25 years old) were more visible in public areas of city centres in 2018, particularly in Bordeaux, Lyon and Rennes. This user group brings together young people whose lives have been marked by family breakdowns and recurrent visits to children's homes, a lack of stable housing, a lack of economic resources other than those derived from the informal economy (begging, criminal activity) and lack of social security coverage.

Apart from alcohol and cannabis, these young people's uses depend on the quality and availability of products on the local markets (morphine sulphate/Skenan® in Lyon where it has a strong presence, crack cocaine in Paris, heroin in Lille). As the Lyon site reports, these multiple consumption patterns are both the cause and the consequence of these extremely precarious living conditions. As such, they cannot be dissociated from them. Indeed, even if substance use very often exacerbates situations, by limiting the possibilities of employment opportunities or receiving appropriate treatment, it can also help these young people to bear living on the street and even contribute to "cheering them up": for example, the social elements of collective drug use, solidarity, barter and help offered within the group.

Unaccompanied minors

Among the young users that frequent urban public areas, unaccompanied minors (UMs)¹, the vast majority being of Algerian or Moroccan origin, have been observed as early as 2015. Initially limited to Paris and Rennes, they have been observed in Bordeaux, Lyon and Marseille since 2017. In 2018, these sites indicated a greater and more visible presence of these groups of minors in public areas in city centres.

Professionals in the socio-sanitary sector emphasise their deteriorated physical and mental state of health in relation to their migratory journey and their particularly difficult living conditions in France: post-traumatic stress, depressive and anxiety disorders, infections. According to social and health workers, more than half of the young Moroccans living in the Barbès district of Paris are or have been affected by scabies. They also point to self-mutilations, particularly scarification, to manage states of intense anxiety. These indicate signs of deep psychological suffering, which are also described in the literature on this demographic [1].

Taking psychoactive substances helps these minors regulate their psychic state and functional adaptation to living conditions on the street. Aside from alcohol and cannabis, some of them are using benzo-

Increase in demand for Lyrica® prescriptions

In 2017, the Marseille and Lyon sites had already observed a significant increase in the diverted use of pregabalin (Lyrica®), a molecule prescribed for neuropathic pain, as an anticonvulsant or in the case of certain anxiety disorders. In 2018, this phenomenon has rapidly expanded in the Marseille metropolitan area and has also been seen, to a greater or lesser extent, in Bordeaux, Paris, Seine-Saint-Denis, Rennes and Toulouse. This is evidenced in numerous prescription claims, particularly in detention (Bordeaux, Lyon, Rennes), and by the existence of street markets (Lyon, Marseille, Paris and its north-eastern suburbs). The use of pregabalin is mainly linked to the presence of isolated minors (or very young adults) arriving from the Maghreb (see unaccompanied minors) who take it like other BZDs with which it is often associated, with the aim of "getting high", from adults from the same region or from Eastern Europe, in particular. They consume it with methadone in a search for intense euphoria and loss of inhibition. Most of them started taking the drug on prescription before arriving in France. In Marseille, this use also extends to the most precarious poly-users. In Rennes, accounts suggest consumption among users receiving opioid substitution treatment (OST) or socially integrated psychologically vulnerable people who report feeling good during the day with this substance. The share of pregabalin among the drugs most frequently subject to falsified prescriptions (the addictovigilance network's OSIAP system) increased by 2.5 times in suspicious prescriptions between 2017 and 2018, reaching 6.8%. Like benzodiazepines, which share a number of effects and risks, this drug is also subject to abnormal use in socially integrated populations [7].

diazepines (BZD) (Lyon, Paris), including Rivotril® (Marseille). They are also users of Lyrica® (Lyon, Rennes, Marseille; see box above), Ritalin® (methylphenidate, in Marseille) and, more marginally, opioid medicines (tramadol in Lyon). Some UMs are known to the police and the criminal justice system for petty crimes (especially theft) which form part of their survival strategy. Several TREND sites mention the issue of these unaccompanied minors' involvement in more structured, adult criminal networks. Law enforcement and social workers in Paris and Marseille thus indicate that cannabis dealing networks employ UMs.

Users from Eastern Europe

Since 2002, TREND has observed the presence in France of men from Caucasus (Georgia, Armenia) and Eastern European countries (Russia, Belarus, Bulgaria, Romania, Ukraine, Moldova, Lithuania, Latvia or Poland) using psychoactive substances [2]. Over the years, TREND has described their very poor health condition linked to their particularly precarious living situation and their injecting habits (most often having started in their country of origin). Many of them are also carriers of the hepatitis C² virus.

In 2018, an increase in users arriving from Caucasus, especially Georgia, was highlighted by all TREND sites. Their migration may be linked to criminalisation and stigmatisation in their

countries of origin, as well as to their wish for treatment, in particular for hepatitis C [4, 5]. According to observations, their main consumption route remains injection and the substances consumed, in addition to alcohol, are opioid medicines, first and foremost Subutex®, but also Skenan®, methadone and, less frequently, tramadol. Regional particularities are highlighted and depend on the availability of substances in local markets: simultaneous injection of methadone and cocaine in Lyon, crack cocaine and Skenan® in Paris, and heroin in Seine-Saint-Denis. The consumption of benzodiazepines (Valium®) and injections of Lyrica® (in Marseille) and cocaine have also been identified.

Those in contact with Russian-speaking user groups note that they tend to be more suspicious. At least initially, they tend to restrict, as much as possible, their contacts with health care facilities, and more generally with public institutions for fear of being stigmatised and reported to the police, as may be the case in their country of origin [6]. The non-exis-

1. The term UM refers to all persons who appear to be UMs, whether or not their majority and familial situation have been assessed and recognised by child welfare services.

2. According to a survey carried out at the end of 2013 in Paris among Russian-speaking users in addiction treatment facilities, nearly 9 out of 10 of them carry antibodies that indicate exposure to the hepatitis C virus [3].

tence or saturation of facilities adapted to their needs is also an obstacle to support. Thus, users refusing to separate from their partner (or their dog) or to comply with strict schedules and internal rules that prohibit the use of alcohol cannot access accommodation.

The system points to a low level of appropriation of harm reduction techniques by young precarious users and migrants from Caucasus and Eastern Europe: poorly controlled injection practices carried out in insufficient hygienic conditions (reusing equipment, not filtering the product, particularly in the case of Georgian users injecting Subutex®). Long-term support is difficult to put in place, as these people attend the centres briefly and occasionally, most often to obtain sterile material.

Development of an alternative urban nightlife

In recent years, TREND's investigations have highlighted the development, in Paris and Lyon, of an urban nightlife centred around electronic music that accentuates the porosity between alternative and commercial events [8]. This phenomenon intensified in 2018.

For example, in Marseille, groups of promoters alternate evenings in commercial (clubs) and alternative venues (hangars, bunkers, saunas, etc.), offering a variety of genres of electronic music and timescales modelled on free parties or new parties (on Sundays between noon and midnight). In Bordeaux, a "hybrid form" of partying is developing in hangars or squats. There is an entry fee (via mobile phone applications) and special attention is paid to artistic experimentation (video show, careful consideration given to the stage design, etc.). In Rennes, Toulouse and Lille, well-known and recognised sound systems³ within the alternative scene perform in commercial party venues. For observers of the Rennes nightlife scene, the aim is to avoid the risks associated with intervention, more numerous in 2018, from law enforcement services during free parties (seizure of sound equipment, fines).

The development of this new kind of party brings together different types of people who did not attend parties or did so only rarely [8]. By adopting, sometimes militantly, an open and free approach to sexual orientation⁴ and behaviour, the organisers attract regulars of lesbian, gay and gay-friendly venues and, more broadly, those familiar with the queer⁵ cultural movement. At the same time, the mobilisation of some principles (self-management, tolerance towards consumption) and the programming of eclectic electronic musical genres far from commercial standards appeal to party scenes' music

lovers. The local notoriety quickly acquired by these collectives, partly through social networks and specialised media, has also helped attract a larger urban audience of electronic music fans who usually go to commercial venues.

The range of products available at these parties (alcohol, cannabis, poppers, cocaine, MDMA/ecstasy, ketamine and, more rarely, LSD, GHB/GBL) is wider than at commercial party venues and consumption is more visible. The "freedom" advertised by the organisers and their tolerance, even relative, towards consumption explain why "partygoers" feel freer to use drugs and/or to experiment with new ones. In contrast, in Paris and Marseille, incidents linked to drug use at these parties are rarely observed, probably due to the participants' knowledge of harm reduction techniques (knowing dosages and drug-to-drug interaction, controlling the effects) and the frequently observed presence of stands where participants can obtain consumption equipment and receive information.

Increased visibility of chemsex

The data on chemsex practices available in 2018 is based on observations from the sites and the results of the APACHES study [10]. The converging observations show that chemsex is entrenched among populations of men who have sex with men (MSM) with eclectic profiles in terms of age, social and professional status and drug use history. Cathinones (mainly 3MMC, 4MEC) and GHB/GBL continue to be the most commonly used substances. Methamphetamine, cocaine and MDMA, while also observed, appear to be less common in chemsex sessions.

The sites in Bordeaux, Lille, Lyon and Paris record that chemsex is increasingly mentioned on dating applications. Exchanges concerning products now seem omnipresent to such an extent that the terms "no chems", "no tox", "no drugs" used by some MSM on these applications underline that it now seems necessary for non-chemsexers to explicitly stipulate their refusal to associate sexual encounter and substance use.

Observers in Bordeaux and Marseille note the increasing presence of slam (substance injection in sexual contexts) in amateur pornographic films broadcast online, mediating injection practices that ignore harm reduction techniques.

As far as damages associated with these uses are concerned, observations are contrasted. The sites of Lille, Rennes and Toulouse underline the persistence of a refusal to identify with the "drug addict" stereotype, keeping some chemsexers away from the addiction treatment system, while the

need for knowledge in the field of harm reduction remains significant. Although limited, requests for drug treatment are nevertheless growing in these three sites and are proving more noticeable than in previous years in four others sites: Bordeaux, Lyon, Marseille and Paris.

With regard to unsafe sexual practices, observers mention a greater use of PrEP (pre-exposure prophylaxis). In Lille, Lyon, Marseille and Paris, young MSM have been reported as engaging in occasional prostitution activities (escorting), making them particularly vulnerable.

In addition, chemsexers and health professionals report non-consensual risky sexual practices that they associate with impaired judgment and dialogue between sex party participants due to the effects of the substances taken. Health professionals are mobilising to alert on these possible situations of non-consent and promote a culture of mutual trust and respect based on rules established by the participants before the session. Initiatives to address the needs of struggling chemsexers continue to be developed [11].

Changes in trafficking: overabundant drug supply

In 2018, France saw record seizures of herbal cannabis (29.4 tons), with seizures of cannabis resin (85.4 tons), heroin (1.1 tons) and cocaine (16.3 tons) reaching the second highest level ever recorded (OCRTIS, 2019). Seizures of MDMA/ecstasy, with 1 783 480 tablets or equivalents, were the highest in 14 years, when tablets contained on average 2.5 times less MDMA. These phenomena are taking place in a global context marked by unprecedented levels of cocaine production, especially in Colombia, and very high levels of opium production in Afghanistan, from which heroin is manufactured [12].

Rise in purity

This abundance of international supply, the multiplicity of networks competing on the national market, and a certain form of disintermediation linked to increasingly direct access to some substances, limiting the opportunities to adulterate the product, explain the very high levels of purity of the substances in circulation. This is the case for cocaine with the development of mule and postal

3. Refers to the sound equipment used during a free party and, by extension, the collective of party promoters who use this equipment or make it available.

4. Like the "No gender" parties organised by the Lyon-based collective Future is Female.

5. Queer is an Anglo-Saxon term that "refers to any idea, practice, person or identity that goes against the heteronormative social model" [9].

Table. Median prices of the main substances as observed by the TREND scheme (price in euros for 1 gramme, unless stated otherwise). The prices displayed for the year 2000 have been converted into constant euros (2017)

	2000	2012	2013	2014	2015	2016	2017	2018	General trend
Heroin	76	43.5	46.5	42.5	40.5	40	39.5	40	→
Cocaine	108	70.6	76.6	80	84	85	78	71.5	↘
Ecstasy (tablets)	19	10	8	10	10	10	10	10	→
MDMA powder	NA	56	55	55	54	52.5	49	49	→
Cannabis resin	NA	7	6.5	7.5	7	7	5.5	6	→
Herbal cannabis	NA	9.5	10.5	10.5	10.5	10	10	9.5	→
Amphetamines	19	14	14	15.5	13	15	13.5	12	↘
LSD (blotter)	11	10	10	10	10	10	10	10	→
Morphine sulphate (100 or 200 mg capsules)	9	8.3	8.5	10	10	10	7.5	MD	↗
Buprenorphine (tablets)	8	5	4	4	4	4	4	4	→

Source: TREND data from ethnography / TREND-OFDT

NA: Data not available / MD: Missing data

trafficking from the French West Indies or Guiana. In 2018, the average purity level of cocaine in seizures under 10 g, which reflects the situation of the retail market, exceeded 60%, while the purity level of brown heroin reached 16.5%, a level never seen in 20 years [13]. Moreover, given the decreases and stability in retail prices reported by the TREND network in 2018 (see table above), the “purity/price” ratio of cocaine and heroin has never been as high since the creation of the scheme in 1999.

The unprecedented level of average cannabis resin content (26.6% for seizures of less than 10 grams) is the result of changes to cannabis cultivation in Morocco with the introduction of hybrid varieties of herbal cannabis imported from, amongst others, the Netherlands, from which the resin is manufactured [14].

Innovations in drug dealing

This abundance of products is also reflected in a strong supply pressure on users, whatever their social background. In the major cities, the phenomenon of home drug deliveries, against the backdrop of commercial promotions delivered by SMS, continues to grow, as does the intensification in the use of home delivery services by the urban upper middle classes.

In the Paris region in 2018, law enforcement agencies notably dismantled numerous “central purchasing hubs” or “cocaine call centres”. One case in Seine-Saint-Denis showed that the number of customers could be several hundred, according to the survey, largely from socially integrated backgrounds (restauranters, executives, etc.). Besides Paris, this phenomenon is increasingly affecting large cities such as Lille, Metz, Lyon, Marseille and Bordeaux. In addition, these

TREND sites report a strong tendency towards diversification of the substances on offer: cocaine, but also cannabis (herb and resin), MDMA. In Seine-Saint-Denis, a central purchasing hub backed by a classic “estate” trafficking operation even specialised in the home delivery of heroin.

Moreover, alongside the large “central purchasing hubs”, particularly in Paris, Lyon, Metz and Toulouse, micro-networks are being developed, run by independent delivery companies, which also use applications such as Snapchat, WhatsApp or Instagram to distribute photographs and even videos of the products on offer to their potential customers.

Rationalising “estate” traffic

The development of home delivery sales does not mark the end of the traditional model of direct resale established in some neighbourhoods. All sites record that this is developing towards a multi-product offer structured around two flagship substances, cannabis resin and cocaine, which are more systematically combined. Moreover, networks, in order to avoid repression and/or increase their profits, tend to adapt by resorting to new forms of organisation:

- outsourcing certain functions such as substance conveyance, which is more reserved for specialised teams;

- just-in-time flows to both overcome storage problems (“zero stock”) and to cushion the effect of large seizures;

- flexibility through the use of per diem work, with the phenomenon of “disposable” dealers, or shift work when the resale location is open 24 hours a day and the dealers operate in shifts. To do this, the networks simply have to draw on the large pool of at-risk young

people, sometimes those who have most recently arrived and who live on the outskirts of the metropolitan areas. The sites in Lille, Paris and Rennes insist on the recruitment of minors who have dropped out of school.

Recruitment, via applications such as Snapchat, of “staff” not living at the actual resale location is also widely mentioned. This delocalisation of the hiring process is intended to make it more difficult for law enforcement services to arrest dealers, as they are less likely to provide important information on the organisation of local trafficking operations.

■ Substances: the main trends

Cocaine: cocaine base users come out of the shadows

The spread and intensification of cocaine use, which has been widely noted since 2016 [8], is continuing, particularly among people already using other psychotropic drugs or under opioid substitution treatment (especially methadone). In 2018, the emergence of uses among very young adults, who are rather socially integrated, was reported by clinics for young users (CJC) in Lyon, Bordeaux and Metz, while the increase in uses among some young people who have been driven to vagrancy were described. Two sites (Lyon, Marseille) also mention the spread of substance use to patients within psychiatric hospitalisation departments. This spread of cocaine not only results in the increased use of cocaine in its hydrochloride, acid (powder) form, but also in its base form (crack, rock) obtained after the addition of ammonia or bicarbonate (freebasing). Likewise, it involves all routes of drug use: snorting, which for the most part is the domain of recreational users who are

The darknet, a source of supply for small-scale traffic

The supply of illicit substances via the darknet is gradually becoming part of the practices of both users and resellers. The motivations of the former are based on the “quality” of the products, allegedly better. Moreover, for some people, especially on the party scene, this mode of supply forms part of planning a night out. By ordering their products in advance, they avoid relying on the dangers of locally resold substances at clubs and discos. Several sites (Bordeaux, Lille, Lyon, Metz, Toulouse) note the role played in the geographical spread of trafficking in the city centres by dealers who obtained their substances on the Internet. Most often, these small-scale trafficking operations are amateur initiatives, revolving mainly around ecstasy and MDMA sold around party venues. The attractiveness of the Internet lies in the low prices charged, with a pack of 100 ecstasy tablets on sale for between €80 and €250 depending on the purchase site, i.e. between €0.80 and €2.50 each. Reselling them at €10 therefore generates substantial profits.

that results from the degradation of cocaine in the body in the presence of alcohol, may contribute to this [17]. It is also psychoactive and remains in the bloodstream three times longer than cocaine, increasing its toxicity. The share of treatment demand primarily related to cocaine (powder or base) among those entering treatment in specialised centres increased by 80% between 2014 and 2018 (unpublished RECAP data).

Diversification of ketamine user profiles

The recreational use of the anaesthetic ketamine emerged on the alternative party scene during the 1990s. In 2017, all TREND sites reported a movement towards more commercial party venues (clubs, bars), a dynamic confirmed in 2018. Systematically available at free parties and, to a lesser extent, at the urban parties described above, ketamine is now even more available on the commercial party scene. In Lyon, Metz, Rennes, Toulouse, Marseille and Paris, sales of the substance in or near venue (bars, discos) or at general festivals remain sporadic, but have been more frequent in 2018.

This increase in the availability of ketamine has been driven by the development of micro-trafficking of user-dealers who obtain their supplies from networks in neighbouring countries: Spain, the Netherlands and Belgium. In the latter country, the product can be bought between €10 and €20 per gram and then resold for €40 in Lille. Resorting to darknet purchases to feed this small-scale traffic would also be more common and frequent. Opportunities to acquire ketamine remain, however, closely linked to alternative party venues.

Two phenomena were the subject of recurrent observations at all TREND sites in 2018. First of all, there is continued experimentation with the substance by users not familiar with the alternative scene and with hallucinogenic and dissociative⁶ substances (students and young people who are socially and economically established and who attend electro clubs and use stimulants). The substance is seen as fashionable and this boosts experimentation. While ketamine use remains one of the main causes of incidents (loss of balance leading to injuries, memory disorders, loss of consciousness) and requests for treatment identified by harm reductions facilities working in alternative party settings, these professionals did not perceive an increase in the occurrence of incidents in 2018.

6. Feeling of dissociation between body and mind.

better socially integrated, but also inhalation and injection, which is more frequent amongst at-risk and/or dependent users.

The rapid spread of cocaine base use shines a new light on a phenomenon that, as a matter of fact, has quietly spread among cocaine users over the last 15 years or so, during which experimentation with the method of smoking after freebasing has been developing [15]. This practice appears in a variety of population groups: both socially very vulnerable users and psychotropic drug users who are better integrated socially but not professionally, who often started their consumption within the alternative techno party scene, but also cocaine users with stable and comfortable social and professional situations. These practices are widening to rural areas in regions (Lille, Lyon, Marseille) where they were not visible until now.

Among vulnerable groups, the transition to the highly addictive “base” generally corresponds to a loss of control over consumption, a social “downfall” accompanied by a worsening health condition. Those who maintain their level of social and professional integration rarely consume continuously, but in sessions of several days that stop when the stock runs out. The health professionals they are in contact with are often unaware of this type of cocaine base consumption because, considering themselves to be cocaine users, who smoke it occasionally or systematically, they rarely mention it unprompted. Even if many people know that it is in fact crack cocaine, this term is still closely linked, to the depiction of the desocialised Parisian crack users [15]. The term “free base”, however, seems to have been abandoned by users. Today, the sites in Metz and Bordeaux report

that people are introduced to cocaine directly through its base form, as was already the case in Paris.

The change that is taking place can be seen in particular in the “expert” speeches given by users on basing techniques. The ability to base cocaine, initially the reserve of a few individuals with the know-how, has been “popularised” through Internet tutorials. Cocaine basing remains the most widespread mode of access to the “base” for users who are socially integrated or at a distance from the Paris market. In Paris and the inner suburbs, where the crack cocaine market is more accessible to users, the user profiles of those visiting the sales locations previously frequented by the most at-risk are diversifying. While the reality of neighbourhood sales and deliveries has been acknowledged in Île-de-France, the points of sale mentioned by other sites (Bordeaux, Toulouse and Rennes) have not yet been confirmed.

Quantitative indicators show the impact of these changes on users’ health. The number of intoxications reported to the network of the Regional Abuse and Dependence Monitoring Centres (CEIP-A) has increased tenfold between 2010 and 2017, although this may in part be due to a probable improvement in detection methods. The DRAMES (Drug and Substance Abuse-Related Deaths) system of the CEIP-A network, reported that the share of overdose deaths involving cocaine, alone or in combination, increased from 10% in 2010 to 26% in 2017 (109 deaths reported in 2017) [16]. The increase in the amount of cocaine consumed, combined with alcohol, increases the risk of death by cardiac arrest. Cocaethylene, a molecule

The other phenomenon is a “trivialisation” of ketamine use among some psychotropic drug users. Frequent use of ketamine, in weekday “aperitif” contexts, is developing, particularly among people who frequent (or have frequented) alternative techno scenes and who have developed strong tolerance to the product.

The Toulouse, Metz and Rennes sites also report significant solitary daily consumption (several grams per day), at work or at home, by semi-integrated or at-risk CAARUD clients, former poly-users who have gradually narrowed their use on ketamine. Although these chronic intakes remain marginal, there have been more signs of the consequences on health in 2018. Generally, professionals in specialised drug treatment centres and in CAARUD in the Rennes, Paris and Lyon sites report that users mention more frequently ketamine.

Diffusion of GHB-GBL

GBL (gamma-butyrolactone) is an industrial solvent which, once ingested, provides the same euphoric, sedative and amnesic effects as GHB⁷. Consumption of GHB-GBL is normally rare outside the gay party scene, but 2017 saw it being taken in clubs, free parties and festivals in Paris, Lyon and Bordeaux [8]. Although modest, the spread of uses has continued in these three metropolitan areas in 2018 with development also seen in Lille and Marseille. The observed users are heterosexual men and women, who are socially well-integrated and who frequent either the alternative or commercial party scenes. For them, the substance is a satisfactory alternative to alcohol because of its lower price, its similar but more limited psychoactive effects (2 to 3 hours), to which are added its empathogenic⁸ and entactogenic properties and the absence of unpleasant sensations linked to the “comedown”. The product is very rarely resold in nightclubs. It is offered and shared within the user group.

In 2017, the spread of GHB-GBL among consumers who were not familiar with the precautions necessary for its “recreational” use (very precise dosing, no mixing with alcohol, how regularly doses should be taken) had led to an increase in acute intoxications in the Ile-de-France region [18]. In 2018, unconsciousness in nightclubs or at home was also reported in Lyon and Marseille, although it is not possible to measure this development precisely. Some overdoses that occurred in Paris in early 2018, including one fatal, were the subject of high-profile media coverage and a harm reduction campaign by

the Fêtez Clair [Party Clean] scheme, bringing together venue operators and harm reduction associations. As in 2017, some CSAPAs (specialised drug treatment centres) also report requests for help with GHB-GBL addiction.

Opioid users, attached to conventional products

Opioid analgesics marketed over the past two decades, both weak (tramadol) and strong (oxycodone and fentanyl), continue to play a limited role in the consumption of drugs by drug users and in related health complications, despite an increase in reports. A rapid investigation [19] showed in 2017 that, while not an especially sought-after product, tramadol, like codeine, could be used to supplement or replace substitution therapy for users outside the health care system. In addition, the development of uses amongst a very marginalised population, seen in 2017 in Bordeaux and Lille, along with the emergence of a street market, has also been reported in Marseille and Lyon in 2018, particularly among migrants from sub-Saharan Africa.

While there is little interest in oxycodone among drug users, misuse of fentanyl patches is regularly reported, mainly among migrants from Eastern Europe. Other users are less appreciative of its effects than those of heroin or morphine. Discussions on French online forums have reflected this low interest in fentanyl, which focuses on patch diversion (mainly by chewing) [20]. Only one anecdotal case of sale has been identified in France. Users therefore tend to turn to the “classic” opioids that they are familiar with: substitute drugs, which are very accessible in France, heroin and Skenan[®]. The responsibility of each product, alone or in combination, in the overdoses studied by the DRAMES system is as follows: methadone (37% in 2017) and heroin (25%) account for the majority of overdoses [16].

French users are also very wary of synthetic opioids sold on the Internet, whether or not they are fentanyl derivatives, but also of fentanyl sold outside the pharmaceutical circuit, which are considered too dangerous because the dosages are too delicate to handle and there is no real interest in terms of effects [20].

A total of 26 cases of intoxication, including 7 deaths, were recorded in France between 2015 and 2018 [20], half of which were confirmed by toxicology reports (ocfentanil: 9 times, carfentanil: 4 times). In addition, two episodes of grouped cases (7 intoxi-

cations, 4 of which were fatal), which occurred between 2016 and 2017, and which are poorly documented, could be part of a small resale of synthetic opioids purchased on the darknet. Known clinical cases suggest a spread of these products mainly among users with a proven track record of opioid use, sometimes with a high tolerance, or more rarely users exposed to a substance cut with a fentanyl derivative without their knowledge.

Popularity of nitrous oxide

Nitrous oxide is used in the medical field for its anaesthetic and analgesic properties and is also used as an aerosol spray propellant, particularly in the food industry. The TREND scheme has described increasing uses of nitrous oxide since the 2000s, during alternative parties, then from the middle of 2010 in more general party venues: student parties organised in nightclubs, festivals broadcasting an eclectic musical programme [21]. The gas is sold there in the form of a balloon at a low price (€1-2). Users are fairly young (18 to 25 years old), socially integrated, and they consume it with mainly alcohol and cannabis.

Since 2017, use by groups of high school students, in public or at home, has been the subject of recurrent notifications, first by the Lille site, then by those in Bordeaux and Paris. Several factors explain the growing interest of these young people in nitrous oxide: ease of access to the product (sold in supermarkets and on the Internet); its low cost (50 cents in stores, 20 to 30 cents on the Internet); the fleeting nature of its effects, which contributes, along with its legal status, to its perception as a non-hazardous product. Social networks showing videos of people taking nitrous oxide followed by collective laughter, have also played a role in the distribution of the product to young people, who are particularly sensitive to the fashionable status of psychoactive products.

A quantitative survey carried out by the CEIP-A in Paris [22] confirms the significance of this use: of the 30,000 students questioned (with a median age of 21 years), 6.2% of boys and 3.0% of girls said that they used nitrous oxide in 2018. A significant proportion also used other psychoactive substances (mainly cannabis and MDMA).

7. This is why, although it is mainly GBL that is currently in circulation, some users still talk about GHB.

8. Neologisms used to describe the effects of MDMA that provoke the desire to interact with and touch people.

The lack of information, particularly among younger users, contributed to shape an harmless image of this product which is all the more worrying given that large-scale, repeated consumption (more than one hundred cartridges in the course of an evening) has been reported. In addition to headaches and dizziness, these can lead to heart rhythm disorders (especially if the gas is combined with stimulants) and a risk of asphyxiation (1 death in 2016). Similarly, and although exceptional in terms of the number of users, chronic consumption (several hundred cartridges per day) was increasingly observed by health workers in 2018. Since January 2019, 25 accounts of severe health effects have been reported to the French addictovigilance network, especially serious neurological pathologies, with after-effects in some cases.

■ Conclusion

The developments observed in 2018 confirm those highlighted in previous years. With regard to users, the living conditions of the most marginalised are deteriorating, as observed cyclically, especially in the case of young people and/or migrants. Their eviction by the police from certain areas of city centres tends to reduce their access to health care, housing or rights, making their conditions of use even more insecure. Increasing product flows, purities, availability: supply is dynamic and constantly adapting to thwart the interventions of law enforcement and resist competition. Increasingly, some networks are rationalising their activities by adopting the organisational methods of traditional companies: marketing strategies, reducing stock, making the workforce more flexible,

etc. At the same time, the diversity of available products is steadily rising and consumption (ketamine, GHB-GBL, nitrous oxide), previously confined to certain environments, is expanding, and will either become established on a long-term basis or fall back into the realm of confidentiality.

The year 2020, which will mark the 20th anniversary of the TREND scheme, will provide an opportunity to adopt a more general perspective on the changes in the use and markets for psychoactive substances that have marked the last decade. The TREND scheme plays a central role today in describing and understanding these changes.

Cannabis, CBD, synthetic cannabinoids and e-cigarettes: new products, uses and consumption patterns

For several years, new ways of consuming cannabis and molecules such as cannabidiol (CBD) or synthetic cannabinoids have been developing, driven by changes in representations of cannabis use and technological innovations (vaporisers, extracting concentrates with high purity levels). The use of a “vaporizer” makes it possible to avoid the toxicity linked to the combustion of smoked cannabis and to limit the impact of its use on users’ health. In connection with the “do-it-yourself” culture, some users prepare concentrated forms of cannabis (oil, wax) themselves or buy them on the Internet. Finally, the strong interest observed in 2016 on French-speaking forums for the preparation of cannabis e-liquids [23] has been observed in 2018 on several TREND sites.

Naturally present in cannabis, but not having the same effects as tetrahydrocannabinol (THC), CBD has anxiolytic, relaxing and even sedative properties [24]. It can be consumed like THC in the form of flowering tops, resin, powder, oil or e-liquid. Finding plants that comply with French regulations is rare, which is why CBD, whatever its form, is often bought on the Internet. Some users say they use CBD to stop or reduce their use of cannabis, herb or resin. Their motivation for using it is “therapeutic” when it aims to preserve their health or to limit the impact of consumption on professional activity.

Synthetic cannabinoids are artificial compounds whose effects differ not only from cannabis but also from each other [24]. The consumption of these substances, in the form of a powder sprayed on pieces of weakly psychoactive plants (“Spice”) or tobacco (a product known as “chimique” in Mayotte and Reunion), is as popular as the e-liquid form. Indeed, since 2014, experienced users have been making their own e-liquid from synthetic cannabinoids purchased on the Internet.

Conversely, other consumers buy these products already packaged, sold under fanciful trade names (Mad Hatter, Buddha Blue, etc.), sometimes with no mention of the molecules contained. While synthetic cannabinoids are almost exclusively purchased on the Internet, street-level resales have been observed sporadically since 2015, with the product then rarely appearing under its actual name. Selling to young inexperienced users who are not aware of the necessary precautions for use (precision of dosages) is accompanied by significant undesirable effects (disorientation, headaches, nausea, etc.) and can give rise to serious incidents (loss of consciousness, acts of violence against oneself, etc.). Such cases have been the subject of scattered reports throughout the national territory.

The **TREND scheme** relies on a network of eight coordination centres located in Bordeaux, Lille, Lyon, Marseille, Metz, Paris, Rennes and Toulouse, which use qualitative observation tools (ethnographic observations, focus groups, individual interviews, etc.) to identify, document and contextualise emerging phenomena and recent trends in illicit substances and misused drugs. These coordination centres collect their information from actors (users, professionals in the socio-sanitary sector and law enforcement, etc.) whose local roots contribute to a better understanding of regional specificities. Two settings particularly concerned by the use of psychoactive products are analysed: the urban area (streets, squats, dealing areas, dedicated facilities for drug users, etc.) and the techno party scene bringing together the alternative (free parties) and commercial (clubs, discos, bars) scenes. Each site also participates in the National Detection System of Drugs and Toxic Substances (SINTES), which monitors new or unusually hazardous products and the toxicological content of substances in circulation through substance collections and the transmission of alert signals. The TREND-SINTES system collaborates in the European system for monitoring psychoactive products (Early Warning System) set up by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

At the national level, the OFDT puts this data into perspective, supplemented by further data from the OFDT's quantitative systems, the addictovigilance network (the CEIP-A), the ANSM (National Agency for Medicines and Health Products Safety), the OCRTIS (Central Office for the Repression of Drug-Related Offences) and the INPS (National Forensic Science Institute).

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For more information on the TREND and SINTES methodology, consult:

<https://en.ofdt.fr/surveys/trend/>



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